PTO/SB/22 (10-00) Approved for use through 10/31/2002, OMB 0651-0031

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F	PETITION FOR EXTENSION OF 1	ΓΙΜΕ UNDER 37 CFR 1.136(a)	Docket Number (Optional) 2445
		In re Application of Robert C. Beck	
		Application Number 10/050,978	Filed 01/18/2002
		For Fluidic Catheter	/
		Group Art Unit 3763	Examiner Manuel A. Mendez
	This is a request under the provisions of a reply in the above identified application.	37 CFR 1.136(a) to extend the period fo	r filing a
	The requested extension and appropriate (check time period desired):	non-small-entity fee are as follows	
	One month (37 CFR 1.17(a)	(1))	\$
	✓ Two months (37 CFR 1.17(a)(2))	\$ <u>420.00</u>
	Three months (37 CFR 1.17)	(a)(3))	\$
-	Four months (37 CFR 1.17(a	n)(4))	\$
	Five months (37 CFR 1.17(a)(5))	\$
	above is reduced by one-half, and the A check in the amount of the fee is	s enclosed.	
	The Commissioner has already be application to a Deposit Account.	o-2038 is attached. en authorized to charge fees in this entized to charge any fees which may be established by the count Number 500-246 if this sheet. e entire interest. See 37 CFR 3.71.	
	The Commissioner is hereby authoror credit any overpayment, to Depo	orized to charge any fees which may be osit Account Number 500-246	RECEIVE-
	I am the papelicant/inventor	Time direct.	DEC
	assignee of record of the	e entire interest. See 37 CFR 3.71. CFR 3.73(b) is enclosed. (Form PTO/SI ord.	TECHNOLOGY
	attorney or agent of reco	ord.	BIOUJLOGY CENTER HOZER
	altorney or agent under	37 CFR 1.34(a). ting under 37 CFR 1.34(a)	-700
	WARNING: Information on this form be included on this form. Provide o	m may become public. Credit card inf credit card information and authoriza	formation should not tion on PTO-2038.
	12/18/03	Resignar	Ben
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52	210.00 OP	Robert C. Beck Typed	or printed name (2)
No for	OTE: Signatures of all the inventors or assignees or rms if more than one signature is required, see bel	of record of the entire interest or their representati low.	ve(s) are required. Submit multiple
Ē	☐ Total offorms are submitted.		
Burd	en Hour Statement: This form is estimated to take 0.1 ho	ours to complete. Time will yary depending upon the nee	eds of the individual case Annangements of